

January 17, 2002

TO: USERS OF THE UNDERGROUND INJECTION CONTROL (UIC)
 APPLICATION FORMS

SUBJECT: REPRODUCTION OF THE UIC APPLICATION FORMS

UIC application submittals must be made on the application forms provided by the UIC program. If application forms are reproduced, the reproductions must be exactly the same. Wording, line spacing, and page numbering should not be changed; additions or deletions should not be made to the forms. Current and appropriate application forms must be used.

If application forms are altered or used for the wrong purpose, the submitted application will be deemed invalid and be returned for correction. When using the application forms, please follow the application instructions in order to produce a satisfactory application for UIC program review.

Submitted applications may be subject to public review as well as review by other agencies. The use of the appropriate application forms will help to prevent technical and processing difficulties.

Thank you for bearing with this requirement. We are committed to applying the UIC application forms fairly among all applicants and to assure that the content and quality of the forms are not compromised in a manner that may affect the validity of an application.

2001

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health
State of Hawaii

INSTRUCTIONS FOR COMPLETING THE PERMIT-RENEWAL APPLICATION FOR A UIC PERMIT TO OPERATE (September 2000)

Attached are instructions to assist in completing the permit-renewal application. The listed instructions correspond to the numbered items in the application. The permit-renewal application is used only for permit renewal and not for other application purposes.

All items must be accurately and completely answered. An inaccurate or incomplete application is not acceptable. If an item does not apply, please enter "Not Applicable" to show that the item was given consideration.

The services of a professional consultant are recommended to complete and service the application throughout the permit-renewal process. Professional services enhance efficient processing.

The permit-renewal application should be submitted six months before the expiration of the UIC permit. Six months accommodate evaluation, inspection, corrections, and follow-up activities.

After satisfactory completion of the permit-renewal application, a renewed UIC permit is issued at the time that the existing UIC permit expires. The renewed UIC permit should be carefully read for permit responsibilities upon the permittee. Limitations and conditions of the renewed UIC permit reflect current regulations and concerns related to the operation of the injection well. The renewed UIC permit should not be presumed identical to the expired permit.

A filing fee of \$100.00 payable to the State of Hawai'i is required to initiate the application. Governmental agencies are exempt from the filing fee.

Questions about the UIC permit-renewal application can be directed to either Jaime Rimando, Norris Uehara, or Chauncey Hew at the Safe Drinking Water Branch. Please call 808-586-4258 (Honolulu) or call direct toll free: Kaua'i 274-3141, ext. 64258; Maui 984-2400, ext. 64258; Big Island 974-4000, ext. 64258; Molokai and Lana'i 1-800-468-4644, ext. 64258.

UIC PERMIT-RENEWAL APPLICATION INSTRUCTIONS

1. Provide the full facility name or project name. This name will appear on all correspondence, official files, and the UIC permit.
2. Enter the existing UIC permit number.
3. Provide the requested information.
4. Enter the street number and name, and related information. Enter the Tax Map Key number.
5. Provide the name and address of the person, company, or corporation that owns the injection well.
6. Provide the name and address of the business operator of the injection well. (The operator is often the owner of the injection well. The operator is not a service-provider contractor.)
7. Provide the name, position, company, address and telephone number of the person legally responsible for the injection facility. (A copy of all UIC correspondence will be sent to the consultant, if any, who is processing the application.)
8. Check the appropriate box to describe the facility's interest in the land on which the facility is built. Fee simple refers to direct ownership. Leasehold refers to a lease agreement between the facility and the fee simple owner of the property. Provide the written acknowledgment and consent, if applicable.
9. Provide the information about the consultant who is servicing the application, if applicable.
- 10., 11., 12., 13., & 14.

Provide the requested information. Please call the UIC program if questions arise.

Signatory and Certification Statement: This statement must bear the original signature and identity of the applicant. Typically this signature corresponds to the person described in item No. 7.

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health

State of Hawai'i

PERMIT-RENEWAL APPLICATION FOR A UIC PERMIT TO OPERATE:

\$100.00 Filing Fee Required

(Revised September 2000)

Submit complete application and attachments to:

Department of Health
Environmental Management Division
Safe Drinking Water Branch
919 Ala Moana Blvd., Room 308
Honolulu, Hawai'i 96814

Reference Document:

Hawai'i Administrative Rules
Title 11
Department of Health
Chapter 23
Underground Injection Control

1. Facility Name: _____

2. UIC Permit Number: _____

3. Intention and Dates:

a. Use: ☐ Permanent ☐ Temporary
☐ Active ☐ Inactive
☐ Emergency ☐ Other _____

b. Do you intend to change any characteristics of the discharge? ☐ Yes ☐ No

If yes, explain. _____

c. Date of this application _____

d. Expiration date of current UIC permit _____

e. Estimated duration of future use _____

4. Facility Location:

a. Street Address _____

Town _____ District _____

Island _____ State _____ Zip Code _____

Tax Map Key No. _____

5. Owner of the facility: _____

6. Operator of the facility: _____
(Repeat the entry even _____
if same as item No. 5.) _____

7. Legal contact or official contact person for the facility (Note: person the correspondence will be addressed to; contractors and managing agents are not applicable.):

Full Name _____

Position _____

Company _____

Permanent Address _____

Telephone Number _____ FAX Number _____

Check appropriate box.

☐ Fee simple property. Owner: _____

☐ Leasehold property. Owner (Lessor): _____

If the facility is on leasehold property, attach a written acknowledgement and consent of this application from the fee simple owner (lessor) of the property.

9. Consultant servicing this application:

Contact person _____

Position _____

Company Name _____

Address _____

Telephone Number _____ FAX Number _____

10. Injection System:

a. Number of injection wells _____

b. In your estimation, the performance of the injection well(s) has been:

☐

Good

☐

Average

☐

Poor

c. List injection well(s) by number and provide its diameter and depth of record (if additional space is needed, use the back of this page or an attachment):

Well No.	Diameter	Depth

d. Source of injected fluid (check appropriate box.):

☐

Rainfall Runoff Water

☐

Aquaculture

☐

Filter Backwash

☐

Private WWTP

☐

Industrial

☐

Pond, Pool or
Tank Drainage

☐

Municipal WWTP

☐

Geothermal

☐

Potable Water

☐

Other: _____

-
- This image shows a full page of blank handwriting practice paper. It features multiple sets of horizontal lines, each set consisting of three lines: a solid top line, a dashed middle line, and a solid bottom line. These sets are repeated down the entire page to provide a guide for letter height and placement. The background is white, and the lines are light gray or blue. There is no text or other markings on the page.

11. Injection: Manner, Quantity, Rate, Duration, and Pressure. Answer all that apply for the injection well system. Provide more information for clarity, if needed. If individual injection wells within the injection well system differ in use, complete a separate column for each use. Make additional copies of this table if more than two uses need to be described.

Injection Well(s) No.		
Injection Manner: <u>continuous</u> , <u>intermittent</u> , <u>batch</u> , <u>seasonal</u> , or <u>other</u> (please specify).		
Average Injection Quantity in gallons per day (gpd): representative average over a calendar week.		
Maximum Injection Quantity in gallons per day (gpd): representative maximum for one day.		
Injection Rate: <u>fixed</u> or <u>variable</u> .		
Average Injection Rate in gallons per minute (gpm): representative average over 24 hours.		
Maximum Injection Rate in gallons per minute (gpm): representative maximum for one day.		
Average Injection Duration in hours per day: representative average over a calendar week.		
Maximum Injection Duration in hours per day: representative maximum for one day.		
Injection Pressure: <u>gravity fed</u> or <u>pump fed</u> .		
Wellhead: <u>open to atmosphere</u> (vented), or <u>closed to atmosphere</u> (unvented).		
Wellhead terminus elevation in feet above (+) or below (-) ground surface.		
If pump fed and unvented, average injection pressure in pounds per square inch (psig) at the wellhead: representative average over time of use.		
If pump fed and unvented, maximum injection pressure in pounds per square inch (psig) at the wellhead: representative maximum for one day.		

12. Has there been any work performed on the injection well? (check appropriate box.):

☐

redrilling

☐

rebuilding

☐

cleaning out

☐

none

☐

backfilling

☐

other

Describe the work that was performed.

13. Monitoring Records: Provide the following information as an attachment to this application. This information is generated from the requirements of the UIC permit.

- a Daily flow record for the past 12 months.
- b. Daily injection pressure record for the past 6 months, for pressurized injection systems.
- c. The periodic recorded inspection of the injection well system done by the permittee, covering the past 6 months. Recorded inspections are typically required once every week. Refer to the UIC permit for the specific requirement.

14. Additional Information: Provide the following information if specified here. After review of this application, further information may be requested.

SIGNATORY AND CERTIFICATION STATEMENT
FOR UNDERGROUND INJECTION CONTROL (UIC) SUBMITTALS
**(submitted Statement shall bear an original signature and date -
photocopy signatures are unsatisfactory.)**

I certify that:

(for a municipal, state, federal or other public agency)

I am a principal executive officer or ranking elected official; or

In the case of Federal agencies, I am the chief executive officer of the agency, or
I am the senior executive officer having responsibility for the overall operations of
a principal geographic unit of the agency.

(for a partnership or sole proprietorship)

I am a general partner (partnership) or a proprietor (sole proprietorship).

(for a corporation)

I am President, Vice President, Secretary or Treasurer of the corporation and in
charge of a principal business function, or I perform similar policy or decision
making functions for the corporation; or

I am the manager of one or more manufacturing, production or operating facilities
employing more than 250 persons or having gross annual sales or expenditures exceeding
\$25 million (in second-quarter 1980 dollars), and authority to sign documents has been
assigned or delegated to me in accordance with corporate procedures.

I certify under penalty of law that this document and all attachments were prepared under my
direction or supervision in accordance with a system designed to assure that qualified
personnel properly gather and evaluate the information submitted. Based on my inquiry of the
person or persons who manage the system, or those persons directly responsible for gathering
the information, the information submitted is, to the best of my knowledge and belief, true,
accurate, and complete. I am aware that there are significant penalties for submitting false
information, including the possibility of fine and imprisonment for knowing violations.

Description of Document
Application

Type of Organization (please circle):

- | | | |
|------------------------|--|----------------|
| 1. Sole proprietorship | 2. Partnership | 3. Corporation |
| 4. Municipal | 5. State, federal or other public agency | |

Signature _____

Name (Print) _____

Title _____

Date _____

Company Name _____

Address _____

Phone Number () _____ FAX Number () _____